

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | P.D | 1137 | 10/25/01 |
| RESPONSE FORMALITY REVIEW | 16 | 1019 | 02-15-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 6/1/02 |
| 2 | 10/25/01 |
| 3 | 10/25/01 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

3C1900
 10/25/01
 3C-571
 02/15/02